Kisan Vidya Prasarak Sanstha's

INSTITUTE OF PHARMACEUTICAL EDUCATION

BORADI, Tal. - Shirpur, Dist. Dhule (M. S.)

(☎-02563-284202, 7588002726)

NAAC ACCREDITED B+ GRADE (CGPA 2.68)

Dr.Tusharji V. Randhe	**Shri. Nishantrao V. Randhe**	**Dr. Vikas V. Patil**
Social Worker	B.A., B.Ed.	M. Pharm., Ph.D.
President	**Secretary**	**Principal**

Date: _____

STUDENT LEAVE APPLICATION

To,

The Principal,

KVPS Institute of Pharmaceutical Education,

Boradi.

Subject: Application for Leave

Respected Sir,

I, Mr. /Ms. _____, a student of **F.Y. / S.Y. / T.Y. / Final D.Pharm / B.Pharm / M.Pharm**, studying in the academic year _____Semester___ respectfully request you to grant me leave from_____to _____for the following reason:

Reason for Leave: _____

Type of Leave:

☐ Personal
☐ Medical
☐ Attended Conference
☐ Attended Seminar
☐ Attended Workshop
☐ Training

If the leave is for training, the details are as follows:

From _____ to _____

Venue/Place: _____

Full Address & Contact No.: _____

I will resume/attend the college on _____ after completion of my leave.

I hereby assure you that I will complete all academic work missed during the leave period. I kindly request you to consider my application and grant me the required leave.

Student Signature & Contact No.: _____ **Parent Contact No.:** _____

Name & Signature of Class Teacher: **Name & Signature of Guardian Teacher:**

Note:

1. Necessary supporting documents should be submitted to the Class Teacher along with the leave application wherever applicable.
2. In case of medical leave, the relevant medical documents/certificate should be attached.
3. The Class Teacher should confirm the leave with the parent/guardian.